



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

June 4, 2012

Mr. John Duffy, Administrator  
Valley Vista  
23 Upper Plain  
Bradford, VT 05033

Provider #: 0540

Dear Mr. Duffy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 7, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



MAY 29 2012

PRINTED: 05/14/2012  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/07/2012
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NAME OF PROVIDER OR SUPPLIER

VALLEY VISTA

STREET ADDRESS, CITY, STATE, ZIP CODE

23 UPPER PLAIN  
BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	INITIAL COMMENTS  An unannounced on site re-certification survey was conducted by the Division of Licensing and Protection on 5/7/12. The following are regulatory findings.	T 001	See attached.	
T 031	IV.B.3.f. Physical Environment  Sanitation:  The residence shall meet health and sanitation regulations of the Vermont Department of Health.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the residence did not meet required health and sanitation requirements. Findings include:  Per observation and record review during initial tour on 05/07/12 at 10:00 AM, a 3-sink dishwashing compartment was not being monitored to assure that an effective concentration amount of sanitizing agent was present in the rinse sink bay and per demonstration the testing strip did not work. In addition, the stove hood had an accumulation of grease and dust. The Dietary Department Head confirmed, during this tour, that the testing strips "must've fell in the water" and "not sure if it has been done". S/he also confirmed the hood needed to be cleaned.	T 031		
T 037	IV.B.4.3. Physical Environment  Safety:  The Director shall ensure that fire drills are held periodically and shall cause residents to leave	T 037		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

EXEC. DIR.

(X6) DATE

5.29.12

6899

KGMI11

If continuation sheet 1 of 3

Pmc

## Provider's Plan of Correction for IV.B.3.f Physical Environment – Sanitation

Steps that will be taken to rectify deficiency:

- |                                                                                       |                        |
|---------------------------------------------------------------------------------------|------------------------|
| ○ A log will be put in place for monitoring the sanitation of the three bay sink.     | Effective: Immediately |
| ○ Responsibility of monitoring sanitation was given to Head Chef.                     | Effective: Immediately |
| ○ Scheduled cleanings of vent hood will take place monthly and be logged accordingly. | Effective: Immediately |

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T 037	Continued From page 1  building(s) by alternate routes from time to time to familiarize them with each of means of egress. An emergency fire evacuation plan shall be developed and posted for each residence and shall be approved by the local or state fire prevention authorities.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to ensure that periodic fire drills had the residents leave the building and that the posting of the evacuation routes is complete. Findings include:  1. Per record review on 05/07/12 at 1:00 PM, fire drills were noted as being held during 2 shifts [day and evening] however, a silent alarm was held during the overnight hours. In addition, during review of the posting of the evacuation plan the exit routes were not clearly marked. Per interview at that time, the Maintenance Director stated that during the silent alarm only staff are asked questions on what to do during a fire but confirmed that residents do not leave the building. The Maintenance Director also confirmed that the evacuation plans that are posted are not clear as to the exit routes.	T 037	See attached.	
T 063	VI.1.A.2.b. Common Model Program Standards  Structural Components--Governing Authority:  The bylaws and policies shall define: <ul style="list-style-type: none"> <li>The qualifications for governing body membership;</li> <li>The types of membership;</li> <li>The method of selecting members;</li> <li>The terms of appointment or election of</li> </ul>	T 063		

## Provider's Plan of Correction for IV.B.4.3. Physical Environment – Safety

### Steps that will be taken to rectify deficiency:

### Effective Date:

- Rewrite and develop new fire evacuation plan which will include visual and written fire escape route evacuation plan for each room, written with clear direction so residents can understand instructions and safely evacuate the building by two means of egress.

Effective: 06/01/2012

- Upon admission, evacuation plan will be provide with orientation of each resident.

Effective: 06/01/2012

- Silent drills will be eliminated.

Effective: Immediately

- Third shift fire drills will be conducted with same frequency as other two shifts.

Effective: Immediately

- Written policy will reflect changes.

Effective: 06/01/2012

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NAME OF PROVIDER OR SUPPLIER  VALLEY VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 23 UPPER PLAIN BRADFORD, VT 05033		
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T 063	<p>Continued From page 2</p> <p>members, officers and chairpersons of governing body committees; and</p> <p>The frequency of governing body meetings and attendance requirements.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the Residence failed to implement the duties of the Governing Body bylaws and policy.</p> <p>1. Per review of the Governing Body meeting minutes dated 08/18/11, there were 2 vacant positions on the board. A patient representative and a community representative position had been vacant for the last 9 months. Per review of the By-laws for the Governing Body of Valley Vista, Bradford, VT -section 1.4 states "members shall include, but not be limited to: at least one person who resides in the Bradford VT area, at least one person for the Vermont addiction treatment community, and least one representative of the targeted treatment population". In addition, section 2.1 states " The governing body shall hold at least one meeting per quarter, one of which shall be its annual meeting". Per interview on 05/07/12 at 4:30 PM the Chief of Operations (COO) stated that the Board "meets the first of the year, and then around July/August, usually 2-3 times a year but mostly 80% is via telephone". The COO confirmed at that time that the the Residence failed to implement the duties of the Governing Body as stated per the By-laws and policy.</p>	T 063	See attached.		

## Provider's Plan of Correction for VI.I.A.2.b Common Model Program Standards

### Steps that will be taken to rectify deficiency:

### Date Effective:

- Outside counsel will be installed as non-voting Secretary of Governing Body with responsibility to schedule meetings and keep minutes in accordance with Governing Body bylaws. Next meeting will be held before 7/15/12. Prior to meeting, two invitations will be extended to new members bringing total board membership to six. Tom Perras will be asked to remain on Governing Body until his position can be filled, hopefully, by a patient alumni.

Effective: 07/15/2012

- The next meeting agenda will include a review of Governing Body meeting schedule with the possibility of decreasing the number of meetings while increasing the agenda of each remaining meeting to cover all Governing Body business. The intent is to establish precise Governing Body meeting dates (i.e. first Wednesday of every quarter). Meetings notices will be sent one month in advance by Secretary.

Effective: 07/15/2012

- Governing Body bylaws will be voted on and revised as necessary to reflect revised structure and membership.

Effective: 07/15/2012

- Deficiency has not affected any residents. Secretary will monitor compliance with Governing Body Bylaws with notice to all Governing Body members if not adhered to.

T031, T037, T063 POC's accepted 6/4/12 SEMMONI RN / PNCOTARW